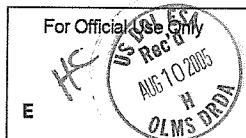


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



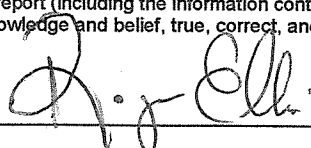
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4799	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Roger Ellis P.O. Box, Bldg., Room No., if any Street 889 Pennsylvania Avenue City Westfield State New Jersey ZIP Code + 4 07090	4. Name, file number, and address of labor organization. Name Heavy & General Const. Lab. Local 472 Labor Organization File Number 007-246 P.O. Box, Building and Room Number, if any Street 700 Raymond Boulevard City Newark State New Jersey ZIP Code + 4 07105
5. Position in labor organization. Auditor/Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 07/07/2005	(973) 589-5050
	Date	Telephone Number

Name of Person Filing Roger Ellis	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Zazzali, Fagella, Nowak, Kleinbaum &amp; Friedman</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One Riverfront Plaza</p> <p>City Newark</p> <p>State New Jersey ZIP Code + 4 07102</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Law firm that represents laborers local 472 on a monthly retainer of \$6,000.00.</p>
	<p>11.b. Approximate dollar value of such dealing. \$6,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Received a traditional Holiday season Fruit/Food basket that I bvelieved that the value to be greater than \$25.00.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Alliance Bernstein</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1345 Avenue of the Americas</p> <p>City New York</p> <p>State New York ZIP Code + 4 10105</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Management</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>On 8/3/2004 I participated in a golf outing sponsored by Alliance Bernstein. The esstimated cost of the round of golf is believed to be greater than \$50.00.</p> <p>12.b. Amount.</p>

Name of Person Filing Roger Ellis

File Number U-

Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Heavy &amp; General Laborers Welfare Fund of NJ</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 700 Raymond Boulevard</p> <p>City Newark</p> <p>State New Jersey ZIP Code + 4 07105</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Local 472 Benefit Funds providing welfare benefits to its participants.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>In the 6 meetings where the Welfare Fund provided lunch the cost of that lunch was \$30.00 each.</p> <p>12.b. Amount. \$180</p>

Name of Person Filing Roger Ellis	File Number U-
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**Part B Continuation Page**

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<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name Aspen Landscape</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 51 Progress Street</p> <p>City Union</p> <p>State New Jersey ZIP Code + 4 07083</p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>Employer representer by Local 472</p>
	<p><b>11.b. Approximate dollar value of such dealing.</b></p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p>Son had a summer job and received wages for hours worked.</p>
<p><b>12.b. Amount.</b></p> <p align="right">\$2,421</p>	

Name of Person Filing Roger Ellis	File Number U-
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**Part B Continuation Page**

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<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name Smith Barney Consulting Group</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 325 Columbia Turnpike</p> <p>City Florham Park</p> <p>State New Jersey ZIP Code + 4 07932</p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>Investment Consulting Group</p>
	<p><b>11.b. Approximate dollar value of such dealing.</b></p>
	<p><b>12.a. Nature of interest held or income received.</b></p> <p>Received a holiday gift (calendar) which I assume to have a value of greater than \$25.00.</p>
<p><b>12.b. Amount.</b></p>	